

**COMMUNICATIONS SERVICES TAX  
REGISTRATION CHANGE REQUEST**

After completing the applicable section below, detach this form from the booklet and remit to address at the bottom of page.

**CHANGE FROM:****COMPANY/RESLLER**

COMPANY/RESELLER NAME	COMMUNICATIONS TAX REGISTRATION NUMBER
CORPORATE NAME, PARTNER NAMES OR PROPRIETOR'S NAME	FEDERAL EMPLOYER IDENTIFICATION NUMBER
NUMBER & STREET ADDRESS	SOCIAL SECURITY NUMBER
ADDRESS (continued)	
CITY/TOWN	STATE & ZIP CODE+4

**CHANGE TO:**

COMPANY/RESELLER NAME	COMMUNICATIONS TAX REGISTRATION NUMBER
CORPORATE NAME, PARTNER NAMES OR PROPRIETOR'S NAME	FEDERAL EMPLOYER IDENTIFICATION NUMBER
NUMBER & STREET ADDRESS	SOCIAL SECURITY NUMBER
ADDRESS (continued)	
CITY/TOWN	STATE & ZIP CODE+4

**CHANGE FROM:****AGENT MAILING ADDRESS**

AGENT NAME	FEDERAL EMPLOYER IDENTIFICATION NUMBER
NUMBER & STREET ADDRESS	
ADDRESS (continued)	
CITY/TOWN	STATE & ZIP CODE+4

**CHANGE TO:**

AGENT NAME	FEDERAL EMPLOYER IDENTIFICATION NUMBER
NUMBER & STREET ADDRESS	
ADDRESS (continued)	
CITY/TOWN	STATE & ZIP CODE+4

**COMPANY/RESELLER NAME CHANGE OR ENTITY CHANGE**

CHANGE FROM: \_\_\_\_\_ TO: \_\_\_\_\_

COMMUNICATIONS SERVICES TAX REGISTRATION NUMBER: \_\_\_\_\_

FOR DRA USE ONLY

Under penalties of perjury, I declare that I have examined this document and to the best of my belief it is true, correct and complete. I understand a return must be filed for each month, even though there may be no tax due.

SIGNATURE (IN INK) OF RESELLER (PROPRIETOR, PARTNER OR CORPORATE OFFICER)

DATE

PRINT SIGNATORY NAME &amp; TITLE

NH DRA MAIL TO: PO BOX 457 CONCORD NH 03302-0457
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